FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE:  This is an initial* Statement of Organization This is an amended* Statement of Organization An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amendment a change. Penalties may be imposed for late-filed Statements of Organizatio committee that exceeds \$750 in activity for another office shall file within 10 cd. DR-1 disclosing information concerning the campaign for the new office sough	nts must be filed within 30 days of n. A candidate with an open lays either a new or amended ht.	FORM DR-1 (Rev. 04/2008)  For Office Also Only Comm. # Indexed Audited Computer
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the committee mus	candidate's last name in the name of	of the committee.)
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S  (5) County Candidate (6) City Candidate (7) School Board or Other Po  (10) School Board or Other Political Subdivision PAC (11) Local Ballo	alitical Subdivision Candidate ( 8	County PAC / 9 YORV PAC
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	latory except for a candidate's committee)
Mailing Address +	Mailing Address ↓ ↓	
City, State \ \ \ \ Zip Code \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City, State ↓ ↓ Zip Code ↓ ↓	
West //NION LA 521/5		
Phone 663 422-3964	Phone ( )	
e-Mail   ORIEAKS @ NETINS NET   INDICATE PURPOSE OF COMMITTEE - Check One Box   Advoc	e-Mail	dvocate for hallot issue/s)
Comment or description:	□ A	dvocate against ballot issue(s) and Local Ballot Committees Enter:
Office Sought: FAVETTE COUNTY AUDITE	12 - 11 - 11 - 12 - 12 - 12 - 12 - 12 -	
Political Party (if applicable) Republication	County: (If active in multiple ballot iss	sue elections, attach list of counties
District:	Date of Election: NOV	1.4 2008
Year Standing for Election: 208		
Bank Account Name (must match committee name)	Candidata nama 2 Address as E	Compt Fetty (DAC)   Kanadisation
Bank Account Name (must match committee name)		Parent Entity (PACs, if applicable). Affiliate, or Sponsor
MOELIERS FOR FAYETTE CO. AUDITOR	LORI MOE	
MOEITERS FOR FAVETTE CO. AUDITOR  Name of Financial Institution/type of Account  VERYOTER PROPERTY OF ACCOUNTS  VERYOTER PRO		
MOELIERS FOR FAYETTE CO. AUDITOR		Affiliate, or Sponsor EIIERS AVE
MOEIERS FOR FAVETTE CO AUDITOR  Name of Financial Institution/type of Account  VERNOT BROS SAVINGSBANK ACCOUNT	LORI MOE	
MOEIERS FOR FAYETTE CO AUDITOR  Name of Financial Institution/type of Account \$\psi\$ "CHECK WG  KERNDT BROS. SAVINGSBANK ACCOUNT  Mailing Address \$\psi\$  205 NORTH VINE St.  City \$\psi\$ \$\psi\$ State \$\psi\$ \$\frac{1}{2} \$\frac{1}{2} \$\frac{1}{2} \$\frac{1}{2} \$\frac{1}{2}\$\$		Affiliate, or Sponsor EIIERS AVE
MOEIERS FOR FAYETTE CO AUDITOR  Name of Financial Institution/type of Account \$\psi\$ "CHRCK NO KERNDT BROS. SAVINGSBANK ACCOUNT Mailing Address \$\psi\$   205 NORTH VINE St.	Mailing Address $\downarrow$	Affiliate, or Sponsor $AVE$ State $\downarrow \downarrow Zip \downarrow \downarrow$ $AVE \downarrow JA S2/75$ $AVE \downarrow JA S2/75$
MOEIERS FOR FAVETTE CO AUDITOR Name of Financial Institution/type of Account \$\frac{1}{2}\$ "CHECKING KERNOT BROS. SAVINGSBANK, ACCOUNT Mailing Address \$\frac{1}{2}\$ State \$\frac{1}{2}\$ Zip \$\frac{1}{2}\$ LLEST LINIOU TOWN 52175	Mailing Address + +  26904 L  City + +  WORT UNION  Phone (563) 432 - =  e-Mail   ORI EAK 7	Affiliate, or Sponsor EIIERS AVE
MOEIERS FOR FAYETTE CO AUDITOR  Name of Financial Institution/type of Account    CHACK NO   LACOUNT BROS: SAVINGSBANK ACCOUNT   Mailing Address	Mailing Address   Walling Addr	Affiliate, or Sponsor  EIERS  AVE  State
MOEIERS FOR FAYETTE CO AUDITOR Name of Financial Institution/type of Account    WHEEL WO	Mailing Address  Walling Address  Wallin	Affiliate, or Sponsor  EIERS  AVE  State
MOEIERS FOR FAYETTE CO AUDITOR  Name of Financial Institution/type of Account    CHACK NO   LACOUNT BROS: SAVINGSBANK ACCOUNT   Mailing Address	Mailing Address    26904	Affiliate, or Sponsor  EIERS  AVE  State
MOEIERS FOR FAVETTE OF AUDITOR  Name of Financial Institution/type of Account  KERNOT BROS. SAVINGSBANK ACCOUNT  Mailing Address  205 NORTH VINE St.  City	Mailing Address  Addr	Affiliate, or Sponsor  SIERS  AVE:  State
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Name of Financial Institution/type of Account    Compared to Compa	Mailing Address  Addr	Affiliate, or Sponsor  State
Name of Financial Institution/type of Account    Compared to Compa	Mailing Address  Mailin	Affiliate, or Sponsor  State

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Date Signed